

PEST CONTROL BUSINESS RENEWAL APPLICATION

PR-PML-192 (REV. 9/03)

Page 1 of 3

DEPARTMENT OF PESTICIDE REGULATION
 PEST MANAGEMENT AND LICENSING BRANCH
 LICENSING AND CERTIFICATION PROGRAM
 1001 I STREET
 SACRAMENTO, CALIFORNIA 95814-2828
 (916) 445-4038
 FAX - (916) 445-4033
 Web site: <http://www.cdpr.ca.gov/>

Business Name: _____**Address:** _____**City, State, Zip:** _____**IMPORTANT – PLEASE READ****SUBMIT BY NOVEMBER 1 TO RECEIVE YOUR LICENSE PRIOR TO JANUARY 1****YOUR LICENSE WILL BE DELAYED IF ANY PART OF THE RENEWAL APPLICATION PACKET IS INCOMPLETE****THERE ARE SIX (6) SECTIONS IN THIS APPLICATION, PLUS THE ADDITIONAL RENEWAL INFORMATION REQUIREMENTS PAGE**

NOTE: The Department of Pesticide Regulation has established time periods for processing permit applications in compliance with Government Code Sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, P.O. Box 2815, Sacramento, CA 95812-2815, pursuant to the regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order a reimbursement of filing fees.

☐ **CHECK IF CHANGE OF NAME, ADDRESS, BUSINESS ORGANIZATION, OR QUALIFIED APPLICATOR** Section 6508 of Title 3, California Code of Regulations requires every person to whom a license or certificate is issued to immediately notify the Director of any change in name, address, business organization, or any other matter shown in the application. Licenses and certificates are not transferable, and in case of a change of business organization or ownership, a new application and fee are required. INDICATE CHANGES ON THIS FORM.

QUALIFIED APPLICATOR Each pest control business location (Main or Branch) must have and maintain a qualified applicator licensee with the appropriate pest control category(ies) to engage in pest control from each location. Provide the name(s), license type, license number and category(ies) of the qualified applicator licensee who is responsible for supervising the pest control operations at each location in the space provided below.

License Number**Address**

Provide the Qualified Person's Name, License Type, License Number, and the category(ies) (i.e., A, B, C) for which they are qualified. If you need additional space, attach a separate sheet of paper.

FOR OFFICIAL USE ONLY

IMPRINT

PROBLEM

RENEWED

DATA ENTRY

RC

PEST CONTROL BUSINESS RENEWAL APPLICATION

PR-PML-192 (REV. 9/03)

Page 2 of 3

WORKERS COMPENSATION If you have employees, you must provide the name of the Workers Compensation Insurance Carrier, policy number and policy expiration date.

NAME OF WORKERS COMP. INSURANCE CARRIER_____
POLICY NUMBER_____
EXPIRATION DATE**FINANCIAL RESPONSIBILITY REQUIREMENT** (check one):

- ☐ I declare, under penalty of perjury, that as to chemical bodily injury and chemical property damage resulting from my pest control operations, I am financially able to respond to damages using my own personal assets, OR,
- ☐ I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified on the financial responsibility requirements statement (see attachment for Financial Responsibility Options).

Submit a copy of documents certifying that you meet the financial responsibility requirements.

NAME OF INSURANCE CARRIER_____
POLICY NUMBER_____
EXPIRATION DATE

FEES Please see Page 3 (instructions) to determine fees based on location. Enclose a check/money order/credit card payment for the total amount due payable to : Cashier, Department of Pesticide Regulation. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.** Mail the payment, completed application form, and all required documents in the enclosed envelope to: Cashier, Department of Pesticide Regulation, P.O. BOX 4015, Sacramento, CA 95812-4015.

QUESTIONS? Your business name and license number will be posted to DPR's web site <http://www.cdpr.ca.gov/docs/license/currlic.htm> as soon as your application is approved. For other questions about your application, contact the Licensing and Certification program at the telephone number shown at the top of this application.

I declare under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

SIGNATURE_____
TITLE_____
DATE_____
FOR OFFICIAL USE ONLY

IMPRINT

PROBLEM

RENEWED

DATA ENTRY

RC

PEST CONTROL BUSINESS RENEWAL APPLICATION INSTRUCTIONS**RENEWAL TIME LINE**

Renewal time lines have been established to help determine when you may expect to receive your license or certificate based on the date your renewal application is received by the Licensing and Certification Unit. If your application is incomplete, it will delay processing time anywhere from 2 to 4 weeks or more depending on the nature of the problem(s).

DATE RECEIVED BY LICENSING & CERTIFICATION	LICENSE OR CERTIFICATE MAILED BY:
Prior to or on September 30	November 15
Prior to or on October 31	December 16
Prior to or on November 29	January 17
Prior to or on December 31	February 18
Prior to or on January 31	March 14

CHECK LIST: This list will help ensure that your renewal application is completed in full prior to mailing.

- ☐ **Change of Name/Address** Section 6508, Title 3 of the California Code of Regulations (3CCR) requires all license/certificate holders to notify the Department of Pesticide Regulation (DPR) immediately of any change in business name, address, qualified person, business organization, or any other information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

If you had a change in ownership or partners or have incorporated, contact us since you are a new business.

- ☐ **Qualified Applicator License** Each pest control business location (Main or Branch) must have and maintain a qualified applicator licensee with the appropriate pest control category(ies) to engage in pest control from each location. Provide the name(s), license type, license number and category(ies) of the qualified applicator licensee who is responsible for supervising the pest control operations at each location on the space provided on the renewal form.
- ☐ **Worker Compensation Insurance** If you have employees, complete this information on the renewal form; otherwise indicate non-applicable (NA).
- ☐ **Financial Responsibility Requirement** This requirement must be met. Provide a copy of the documents that meet the requirements of Food and Agriculture Code Section 11702 (c)(2) and 3CCR Section 6524. The Pest Control Business license will not be renewed without meeting this requirement.
- ☐ **Pay fee** for each pest control business license location (Main and Branch) as totaled on the renewal form. A late fee of fifty percent (50%) of the total renewal fee will be assessed for each license **postmarked after December 31**.

License Fees (2 Year)

Pest Control Business (Main)	\$320.00	Pest Control Business (Branch)	\$120.00
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- ☐ **Sign, Title and Date** the renewal application form.
- ☐ **Enclose** a check, money order or credit card payment for the total amount due. **All fees are non-transferable and non-refundable.** Make payable to: **Cashier, Department of Pesticide Regulation.**
- ☐ **Mail** the payment, completed renewal application form, and all required documents in the enclosed envelope addressed to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Questions? Your business name and license number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is <http://www.cdpr.ca.gov/docs/license/currlic.htm>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

September 2003

About the Licensing Fee Increase

Department of Pesticide Regulation/Licensing and Certification

Why are licensing fees being increased?

The California Department of Pesticide Regulation (DPR) licenses and certifies individuals and businesses that apply, sell, or recommend pesticides in California. DPR conducts about 4,000 examinations annually and issues or renews about 15,000 licenses, which are typically valid for two years. DPR also accredits more than 2,500 continuing education courses each year.

Fees associated with these activities ranged from \$15 to \$100. Most had not been changed for more than 15 years, and did not keep pace with the cost of doing business. An independent consultant retained by DPR in 2001 calculated the cost of licensing-related activities at \$1.7 million, with fee revenue covering only about half those costs. Moreover, there was no fee for some services (for example, certifying continuing education courses) that generated significant workload. The State Budget funding shortfall has made it difficult for DPR to upgrade the technology used to process licensing and renewal applications.

Under the new State Budget, the Department is primarily a fee-based agency, with most revenue drawn from fees on pesticide registrations, professional licenses, and from the mill fee (which is assessed on pesticide sales).

What will the new fees be?

Licensing fees are being raised only to a level necessary to support the program and to reflect an adjustment for inflation. The new fees range from \$25 to \$160. The application fee no longer includes the cost of taking an exam. There is now a fee for application and separate charges of \$50 for each examination. A \$45 fee is now levied for reviewing and approving continuing education courses. Penalties for late renewal of licenses and certificates have also been increased. *A summary of the new fee structure is on the other side of this handout.*

Will these fees change again?

The Legislature gave the Director authority in regulation to adjust fee rates as needed, using a standardized methodology and inflationary indicators.

How do I know what fees I should pay?

DPR applications and renewal forms will identify the fees. *Table 1*, on the other side, summarizes fee changes for individual licenses and certificates, *Table 2* for business licenses, and *Table 3*, the new fees for services for which no fee was previously charged.

For more information, contact California Department of Pesticide Regulation, Licensing and Certification Program, 1001 I Street, P.O. Box 4015, Sacramento, CA 95812, 916/445-4038. The program's direct e-mail address is LicenseMail@cdpr.ca.gov. You can also find more information on our Web site, www.cdpr.ca.gov, click the "Licensing and Certification" tab.

Licensing Fee Highlights

- ▶ *Most licensing fees have not changed for more than 15 years.*
- ▶ *Fees are being raised only to a level necessary to support the program and reflect an increase for inflation.*

Table 1: Summary of fee changes for individual licenses and certificates

License or certificate type	Application fee	Examination fee (for each exam taken or re-taken)*	2-year renewal	Late renewal penalty
Agricultural pest control adviser	\$80	\$50	\$140	\$70
Pest control aircraft pilot certificate	\$60	\$50	\$90	\$45
Pest control dealer designated agent license	\$25	\$50	\$50	\$25
Qualified applicator license	\$80	\$50	\$120	\$60
Qualified applicator certificate	\$40	\$50	\$60	\$30

* A separate fee will be charged for the Laws and Regulations exam and for each category requested.

Table 2: Summary of fee changes for business licenses

License type	Application	2-Year renewal	Late renewal
Pest control business, primary location	\$160	\$320	\$160
Pest control branch, for each location	\$80	\$160	\$80
Maintenance gardener pest control business	\$80	\$160	\$80
Pest control dealer, initial location	\$160	\$320	\$160
Pest control dealer branch, for each location	\$80	\$160	\$80
Pesticide broker license	\$110	\$220	\$110
Pesticide broker branch, for each location	\$60	\$120	\$60

Table 3: New fees for reissuing licenses and administration of continuing education

Notification of Change to Record of License or Certificate	
Changes that require reissuing a license or certificate, or issuing a duplicate license or certificate	\$20
Evaluation of Continuing Education Courses	
Evaluating continuing education courses, per course, per calendar year	\$45

For more information, visit our Web site, www.cdpr.ca.gov, or write us at LicenseMail@cdpr.ca.gov

FINANCIAL RESPONSIBILITY OPTIONS

(REV. 07/01)

Each applicant for a Pest Control Business License must demonstrate financial responsibility for the type of work performed. The applicant can demonstrate financial responsibility by one of the following options: (1) file with the Director an approved original certificate of insurance certifying liability insurance coverage that meets the Department's minimum standards; (2) deposit with the Director a certificate of deposit that meets the Department's minimum standards, or (3) a surety bond that meets the Department's minimum standards, on the form provided by the Director.

Type of Pest Control Business	<i>Option 1: Liability Insurance</i>			<i>Option 2: Certificate of Deposit</i>	<i>Option 3: Surety Bond</i>
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage		
Pest Control Business License - applicants who make applications by ground rig or apply fumigants.	\$100,000	\$300,000	\$50,000	\$75,000	\$75,000
Pest Control Business License - applicants who make application by aircraft.	\$100,000	\$300,000	\$100,000 per aircraft ^(a)	\$50,000 per aircraft ^(b)	\$50,000 per aircraft ^(b)

(a) When more than one aircraft is insured, the property damage aggregate is one-half the property damage limit times the number of aircraft insured.

(b) A certificate of deposit or a surety bond need not exceed \$300,000 per Pest Control Business License.

VISA / MASTERCARD TRANSACTION



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)														CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE	
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$.
																	TELEPHONE NUMBER ()

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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STATE OF CALIFORNIA
PEST CONTROL BUSINESS LICENSE
RENEWAL INFORMATION REQUIREMENTS

PR-PML-140 (EST.7/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
1001 I STREET
SACRAMENTO, CA 95814-2828
P.O. BOX 4015
SACRAMENTO, CA 95812-4015
(916) 445-4038
FAX (916) 445-4033
Web site: <http://www.cdpr.ca.gov>

A. Officer/Owner Information		Fax #	E-mail address	Business Phone Number
Officer/Owner Name		Title		
1.				
2.				
3.				
4.				

B. Pest Control Business Information

1. Please indicate what type of pest control your business performs by checking the appropriate box(es) below.

<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Fumigation	<input type="checkbox"/> Plant Growth Regulators
<input type="checkbox"/> Ground Application	<input type="checkbox"/> Defoliation	<input type="checkbox"/> Seed Treatment
<input type="checkbox"/> Aerial/Ground Applicator	<input type="checkbox"/> Disease Control	<input type="checkbox"/> Vertebrate Pest Control (Includes Birds)
<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Nematode Control	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Indoor Plant Maintenance	<input type="checkbox"/> Insect, Mites & Other Invertebrate Control	<input type="checkbox"/> Wood Preservation
<input type="checkbox"/> Microbial Control	<input type="checkbox"/> Sewer Line Root Control	

2. Please indicate the type of pest control categories your business requires by checking the appropriate box(es) below.

<input type="checkbox"/> Residential, Industrial & Institutional	<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Right-of-Way
<input type="checkbox"/> Plant Agriculture	<input type="checkbox"/> Forest	<input type="checkbox"/> Aquatic
<input type="checkbox"/> Regulatory	<input type="checkbox"/> Seed Treatment	<input type="checkbox"/> Animal Agriculture
<input type="checkbox"/> Demonstration & Research	<input type="checkbox"/> Health Related	<input type="checkbox"/> Wood Treatment
<input type="checkbox"/> Sewer Line Root Control		

3. Please indicate the county(ies) you will be working in by checking the appropriate box(es) below.

<input type="checkbox"/> 1. Alameda	<input type="checkbox"/> 13. Imperial	<input type="checkbox"/> 25. Modoc	<input type="checkbox"/> 37. San Diego	<input type="checkbox"/> 49. Sonoma
<input type="checkbox"/> 2. Alpine	<input type="checkbox"/> 14. Inyo	<input type="checkbox"/> 26. Mono	<input type="checkbox"/> 38. San Francisco	<input type="checkbox"/> 50. Stanislaus
<input type="checkbox"/> 3. Amador	<input type="checkbox"/> 15. Kern	<input type="checkbox"/> 27. Monterey	<input type="checkbox"/> 39. San Joaquin	<input type="checkbox"/> 51. Sutter
<input type="checkbox"/> 4. Butte	<input type="checkbox"/> 16. Kings	<input type="checkbox"/> 28. Napa	<input type="checkbox"/> 40. San Luis Obispo	<input type="checkbox"/> 52. Tehama
<input type="checkbox"/> 5. Calaveras	<input type="checkbox"/> 17. Lake	<input type="checkbox"/> 29. Nevada	<input type="checkbox"/> 41. San Mateo	<input type="checkbox"/> 53. Trinity
<input type="checkbox"/> 6. Colusa	<input type="checkbox"/> 18. Lassen	<input type="checkbox"/> 30. Orange	<input type="checkbox"/> 42. Santa Barbara	<input type="checkbox"/> 54. Tulare
<input type="checkbox"/> 7. Contra Costa	<input type="checkbox"/> 19. Los Angeles	<input type="checkbox"/> 31. Placer	<input type="checkbox"/> 43. Santa Clara	<input type="checkbox"/> 55. Tuolumne
<input type="checkbox"/> 8. Del Norte	<input type="checkbox"/> 20. Madera	<input type="checkbox"/> 32. Plumas	<input type="checkbox"/> 44. Santa Cruz	<input type="checkbox"/> 56. Ventura
<input type="checkbox"/> 9. El Dorado	<input type="checkbox"/> 21. Marin	<input type="checkbox"/> 33. Riverside	<input type="checkbox"/> 45. Shasta	<input type="checkbox"/> 57. Yolo
<input type="checkbox"/> 10. Fresno	<input type="checkbox"/> 22. Mariposa	<input type="checkbox"/> 34. Sacramento	<input type="checkbox"/> 46. Sierra	<input type="checkbox"/> 58. Yuba
<input type="checkbox"/> 11. Glenn	<input type="checkbox"/> 23. Mendocino	<input type="checkbox"/> 35. San Benito	<input type="checkbox"/> 47. Siskiyou	
<input type="checkbox"/> 12. Humboldt	<input type="checkbox"/> 24. Merced	<input type="checkbox"/> 36. San Bernardino	<input type="checkbox"/> 48. Solano	

STATE OF CALIFORNIA
**CERTIFICATE OF INSURANCE
REQUIREMENTS STATEMENT**
PR-PML-173 (EST. 07/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
(916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

A. Instruction. If this certificate is used to demonstrate financial responsibility, it must be completed by the insurance company. In addition to this certificate, your insurance company must provide the Department with their certificate of insurance describing the insurance afforded to your pest control business.

B. Certificate Statement

This certifies that the insurance policy of _____ (company
affording coverage) issued to _____ (insured name),
an applicant for a pest control business license affords the following coverage:

1. Covers crop or landscape or property damage as a result of a drift of a pesticide from the area of treatment.
2. Covers crop or landscape or property damage that may result from the handling of a pesticide or equipment failure during the pesticide application.
3. Covers bodily injury to persons not involved with the pesticide application when the pesticide is directly or indirectly applied on them accidentally and results in an illness or injury.

C. Insured Information

INSURED BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER	
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

D. Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)

CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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CERTIFICATE OF INSURANCE

PR-PML-052 (REV. 07/01)

1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
(916) 445-4033Web site: <http://www.cdpr.ca.gov/>

This is to certify to the Director of the Department of Pesticide Regulation, whose address is 1001 I Street, Sacramento, California 95814-2828 that _____ (name of business), an applicant for a pest control business license, is at this date insured with _____ (Insurance Company) for the Limits of Coverage stated below.

Coverage Descriptive Schedule

Insurance Coverage	Policy Number(s)	Expiration Date(s)	Limit of Liability Per Person	Limit of Liability Per Occurrence	Limit of Liability Annual Aggregate
1. Bodily injury <u>including</u> Chemical Liability			\$	\$	\$
2. Property Damage <u>including</u> Chemical Liability			\$	\$	\$
3. Combined Single Limit for Bodily Injury and Property Damage <u>including</u> Chemical Liability				\$	\$

List of Covered Aircraft (Attach additional sheet if necessary)

Aircraft "N" Number	Aircraft Usages (Chemical Use/Nonchemical Use)	Remarks
1) N		
2) N		
3) N		

Insured Information

INSURED BUSINESS NAME	PEST CONTROL BUSINESS LICENSE NUMBER		
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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California Environmental Protection Agency Customer Service Survey

One of Cal/EPA's objectives is to provide superior levels of customer service. Your feedback telling us what is going well and what needs improvement is essential to our success in our efforts to better serve you. Please take a moment to complete this survey. Thank you for your feedback.

—Winston H. Hickox, Agency Secretary

Service Provider: Department of Pesticide Regulation
Pest Management and Licensing Branch – Licensing and Certification Program

What was the nature of your contact with us? (Please check only one box)

- ☐ General Information ☐ Problem Resolution
☐ Technical Assistance ☐ Other: _____

STATEMENTS	Check (✓) As Appropriate			
	Strongly Agree	Agree	Disagree	Strongly Disagree
Staff was courteous and helpful.				
Staff provided complete, accurate information to you.				
A timely response was provided.				
My overall experience was positive.				
Please complete the section below if your contact with us involved permitting/licensing/registration assistance.				
The regulations were understandable.				
The application instructions were understandable.				
The permit/license/registration terms and conditions were understandable.				

Please indicate the name(s) of any staff person you would like to commend: _____

Comments:

If you feel we fell short in meeting your service expectations, please describe the situation, including name of the staff person involved and the date the incident occurred.

As a result of your experience with us, what service-related improvements can you recommend?

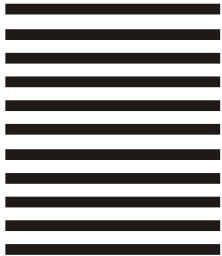
The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demands and cut your energy costs, see our Web site at www.calepa.ca.gov.

O
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T
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Your Name: _____
Your Title/Organization: _____
Telephone: _____
Address: _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

First Class Permit No. 5219 Sacramento, CA 95812

Postage will be paid by addressee

MR. WINSTON H. HICKOX
Agency Secretary
California Environmental Protection Agency
1001 I St. P.O. Box 2815
Sacramento, CA 95812-2815

Comments: _____

